SECTION 3-	INFORMATIO	N ABOUT YO	UR MEDICAL RECORDS, continued
3.C. List other names, if any,	, that you have	used on your i	medical records within the last 12 months.
3.D. List each DOCTOR/HM0 months. Also, provide the			SON who has treated you within the last 12 appointment(s).
1. NAME			DATES
ADDRESS	вин 1409 маліко <del>ў б</del> аліногіч в ПА-масавій і ваногу ў ўзолі	ne and near the state of the st	First Visit (within last 12 months)
CITY	STATE	ZIP	Last Visit
PHONE ( ) -	PA	TIENT ID# (if	known) Next Appointment
(area code) (phor	ne number)		/hat treatment was received?
2. NAME			DATES
ADDRESS	http://doi.org/sideAMBackfiteddessers.service.arccontto.up.us-group	меция дости до органия са состанова подручий общений основний под	First Visit (within last 12 months)
CITY	STATE	ZIP	Last Visit
PHONE ( ) – (area code) (phone	e number)	TIENT ID# (if I	known) Next Appointment
Reasons for visits	·	WI	hat treatment was received?